

## CONTRACTOR QUESTIONNAIRE

1. On what date did you begin, or do you expect to begin, work in the City of Heath? \_\_\_\_\_
2. Location in Heath that you will be working: \_\_\_\_\_
3. How long do you expect the job to last? \_\_\_\_\_ Your answer to this question will determine whether or not you are required to file a Heath return, based on ORC section 718.01.1.
4. What is the nature (type) of business you conduct or type of work you do? \_\_\_\_\_  
\_\_\_\_\_
5. Do you have employees? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you, or will you, be using sub-contractors? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IF YOU ANSWERED "YES" TO THIS QUESTION, A LIST OF THEIR NAMES AND ADDRESSES MUST BE ATTACHED.**

7. Type of Business: \_\_\_\_\_ Individual Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership
8. Federal I.D. Number or Social Security Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing Questionnaire)

The information requested on this form is essential and required in order to establish the proper account for you. Rest assured that this information is held in strict confidence. **PLEASE SUBMIT THE COMPLETED QUESTIONNAIRE TO OUR OFFICE AS SOON AS POSSIBLE.**

OFFICE HOURS: MONDAY - FRIDAY 8:30AM TO 4:30PM